



State of Louisiana
DIVISION OF ADMINISTRATION
OFFICE OF STATE UNIFORM PAYROLL

M. J. "MIKE" FOSTER, JR.
GOVERNOR

MARK C. DRENNEN
COMMISSIONER OF ADMINISTRATION

October 5, 2001

OFFICE OF STATE UNIFORM PAYROLL MEMORANDUM #2002-18

TO: All ISIS HR Paid Agencies

FROM: Jena W. Cary
Director

SUBJECT: Prior Period Payroll Adjustment Form

The Office of State Uniform Payroll (OSUP) is in the process of revising the "ISIS HR Prior Period Payroll Adjustment Form". The revised form will include information needed for processing adjustments affecting time entered in the ISIS HR System. Attached is a copy of the old form and a copy of a draft of the revised form. OSUP is soliciting comments and suggestions for the revised form.

Please review the two forms and send any comments or suggestions on the revised form to the OSUP Wage and Tax Administration Unit. Please forward all comments by October 19, 2001.

Questions should be directed to Rhonda Desselle at (225) 342-8928.

JWC:RLD:kmb

Attachments:

UPR/F150

OSUPF150 Draft

UPR/F150 (10/92)

PRIOR PERIOD PAYROLL ADJUSTMENT FORM

PAY PERIOD TO ADJUST:

OFFICE OF _____

PRN _____ SECT/UNIT _____

NAME _____

ADJUSTMENT TYPE (CHECK ONE)

SSN _____

☐ FIXED ADJ. (COMPLETE SECTION I ONLY)

TIMEKEEPER _____ DATE _____

☐ VARIABLE ADJ. (COMPLETE SECTION II ONLY)

TELEPHONE # _____

SECTION I.

DATE TO BE ADJUSTED	ORIGINAL CD/HRS ENTERED	CORRECT CD/HRS
1. _____	/	/
2. _____	/	/
3. _____	/	/
4. _____	/	/

PAYROLL HQ ENTRY ONLY

DATE _____

HQ SIGNATURE _____

ACTION TAKEN:

- ☐ TIME FILE
- ☐ ADJUSTMENT
- ☐ JV
- ☐ VOID
- ☐ SUPP

CURRENT PAY PERIOD _____

SECTION II.

DATE TO BE ADJUSTED		ORIGINAL DATA ENTERED			CORRECT DATA			
DATE	CD/HRS	C/C	PROJECT	OD	CD/HRS	C/C	PROJECT	OD
1. _____	/	_____	_____	_____	/	_____	_____	_____
2. _____	/	_____	_____	_____	/	_____	_____	_____
3. _____	/	_____	_____	_____	/	_____	_____	_____
4. _____	/	_____	_____	_____	/	_____	_____	_____
5. _____	/	_____	_____	_____	/	_____	_____	_____
6. _____	/	_____	_____	_____	/	_____	_____	_____
7. _____	/	_____	_____	_____	/	_____	_____	_____
8. _____	/	_____	_____	_____	/	_____	_____	_____
9. _____	/	_____	_____	_____	/	_____	_____	_____
10. _____	/	_____	_____	_____	/	_____	_____	_____

COMMENTS:

I HEREBY CERTIFY THAT THE ABOVE ADJUSTMENT IS ACCURATE AND SUPPORTED BY APPROPRIATE DOCUMENTATION.

APPROVED

TITLE

DATE

FORWARD TO HEADQUARTERS

ISIS HR PRIOR PERIOD PAYROLL ADJUSTMENT FORM

PAY PERIOD NUMBER TO ADJUST

OFFICE OF _____

PERSONNEL AREA NUMBER _____

NAME

SSN

TIME ADMINISTRATOR NAME

TELEPHONE # _____

PERSONNEL NUMBER

TIME ADMINISTRATOR NAME

DATE _____

EMPLOYEE ADMINISTRATION ENTRY ONLY

DATE

EA SIGNATURE

ACTION TAKEN:

TIME FILE

ADJUSTMENT

JV

OFF CYCLE Correction _____ On Demand _____

REVERSAL

CURRENT PAY PERIOD

DATE TO BE
ADJUSTED

ORIGINAL DATA
ENTERED

CORRECT DATA

DATE	HR/TYPE	CC	FC	SUB OBJ	REPORTING	HR/TYPE	CC	FC	SUB OBJ	REPORTING
1. _____	____/____	_____	_____	_____	_____	____/____	_____	_____	_____	_____
2. _____	____/____	_____	_____	_____	_____	____/____	_____	_____	_____	_____
3. _____	____/____	_____	_____	_____	_____	____/____	_____	_____	_____	_____
4. _____	____/____	_____	_____	_____	_____	____/____	_____	_____	_____	_____
5. _____	____/____	_____	_____	_____	_____	____/____	_____	_____	_____	_____
6. _____	____/____	_____	_____	_____	_____	____/____	_____	_____	_____	_____
7. _____	____/____	_____	_____	_____	_____	____/____	_____	_____	_____	_____
8. _____	____/____	_____	_____	_____	_____	____/____	_____	_____	_____	_____
9. _____	____/____	_____	_____	_____	_____	____/____	_____	_____	_____	_____
10. _____	____/____	_____	_____	_____	_____	____/____	_____	_____	_____	_____

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APPROVED

TITLE

DATE